

APPLICATION FOR WELL PERMIT

ENVIRONMENTAL MANAGEMENT - 2615 S. GRAND AVENUE, LOS ANGELES, CA 90007, ROOM 604
 COUNTY OF LOS ANGELES DEPARTMENT OF HEALTH SERVICES

DATE

3/23/88

DESCRIPTION

TYPE OF PERMIT (CHECK)

- ☒ NEW WELL CONSTRUCTION
☐ RECONSTRUCTION OR RENOVATION
☐ DESTRUCTION

TYPE OF WELL

- ☐ PRIVATE DOMESTIC
☐ PUBLIC DOMESTIC
☐ IRRIGATION
☒ OBSERVATION/MONITORING
☐ CATHODIC
☐ INDUSTRIAL
☐ GRAVEL PAC
☐ TEST

TYPE OF CASING

4 INCH DIAMETER SCHEDULE 40 PVC

METHOD OF SEALING OF CASING

NEAT CEMENT WITH APPROX. 5% BENTONITE

METHOD OF DESTRUCTION

NOT APPLICABLE

LOCATION

ADDRESS (NUMBER, STREET AND NEAREST INTERSECTION)

9520 John Street, Sorenson

CITY

Santa Fe Springs

DIAGRAM (SHOW PROPERTY LINES, STREET, ADDRESS, WELL SITE, SEWERS, AND PRIVATE SEWAGE DISPOSAL SYSTEMS ALONG WITH LABELS AND DIMENSIONS)

See attached diagram for locations of four monitoring wells to be installed at the facility. Groundwater is expected at 45 feet below ground surface. The anticipated total depth of the wells is 65 feet with perforations from 40 to 65 feet.

*plotted; prob
abdn*

NAME OF WELL DRILLER (PRINT)

Gregg Drilling and Testing

NAME OF WELL OWNER (PRINT)

Valvoline Oil

TRADE NAME

MAILING ADDRESS

9520 John Street

BUSINESS ADDRESS

CITY

10609 Painter Ave., Santa Fe Springs

CITY

Santa Fe Springs, Ca.

I hereby agree to comply in every respect with all regulations of the County Preventive/Public Health Services and with all ordinances and laws of the County of Los Angeles and of the State of California pertaining to well construction, reconstruction and destruction. Upon completion of well and within ten days thereafter, I will furnish the County Preventive/Public Health Services with a complete log of the well, giving date drilled, depth of well, all perforations in casing, and any other data deemed necessary by such County Preventive/Public Health Services.

Engineering-Science
 Applicant's Signature

DISPOSITION OF APPLICATION: (For Sanitarians Use Only)

- ☒ APPROVED
☐ DENIED
☐ APPROVED WITH CONDITIONS

If denied or approved with conditions, report reason or conditions here:

DATE

3-29-88

SANITARIAN

Robert

DATE

3-30-88

SECTION CHIEF

Sanita